Cover-Medicalization: A Modern Problem Divisible from Medicalization

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ABSTRACT

The question has been mongering around that is the use of medicine dangerous? What are the set limits of medicine usage? The purpose of this review paper is to highlight the pragmatic criteria and set boundaries that aid in differentiating between medicalization and over-medicalization. When a problem in a human body is considered a medical problem, then this consideration comes with various consequences. It also raises questions about the accuracy of this statement which called the issue a medical problem. However, certain boundaries can neither b crossed nor questioned which encapsulates various areas of human existence. This review paper will discuss the following points: (i) Consequences of both medicalization and over-medicalization; (ii) Exhibit that optimum model of health cannot be established which can help in setting the boundaries for medicine use; (iii) Guiding questions have been discussed to help in differentiating between medicalization and over-medicalization. This article reflects the bioethical boundaries of medicine and promotes evaluative analysis of the medicalization phenomenon.

Key words: Medicalization, Over-medicalization, Guidelines, Approach, Strategy, Boundaries, Limits of medicine

INTRODUCTION

In the modern scientific era where the development in the field of medicine has revolutionized the treatment procedures of all the diseases, on the other hand, this development is also causing havoc. Maybe this is due to the influx of a large amount of information, or less access to that information which adversely impacts its proper utilization. Moreover, the quality of the informed text is also controversial and health departments have observed an inexorable increase in medicalization. Medicalization can be defined as when consumers lookout for medical treatment for various problems linked with their body, where morbidity and mortality are the expressions of the failure of a system. As per sociological definition, a person is said to be medicalized when "using medical language, it is explained in medical terms, acknowledged through a medical framework, and then treated with a medical intercession" [1,2]. Thus, medicalization is the elaboration of new and different criteria encompassing human behavior and then assessing those problems through the medical frame rather than using social, physical, environmental, or existential frames. Ever since this terminology was introduced, it has been under criticism that it is being used as a tool for social control. But with time, chemists, sociologists, and bioethicists have also highlighted its positive aspects as well. Therefore, the question circulates that how should this phenomenon be perceived? The purpose of this paper is to highlight points that can provide a pragmatic approach for distinguishing between medicalization and over-medicalization [3,4].

NUMEROUS IMPACTS OF MEDICALIZATION AND OVER-MEDICALIZATION

According to Erik Parens, when the medical health department exceeds its set boundaries

while ascribing medicine then it makes medicalization a wrong thing [4]. Over-medicalization is not a wrongly identified medical problem, rather it is more political or cultural, or it can also be misunderstood as a medical issue at the first place. Furthermore, when an issue is misinterpreted it leads to wrong treatment with the wrong prescription which in turn adversely affects human health. According to parents; to decrease the patients suffering, medicine focuses on human bodies to target those specific sites, but on the other hand, it also diverts the attention from the social and physical environment which became the reasons of originating those sufferings in individuals at the first place. For instance, instead of treating the drug addicts, it could also be possibly done to change their environment which made them an addict. Moreover, by altering the social expectations it would be easier for individuals to better adapt their normal changing bodies instead of forcing them to fit the dominant paradigms. In the context of over-medicalization, links with necessary medical treatments have been found which always lead to various serious health disorders. Furthermore, it is also linked with various other spheres of life which are not directly linked with health but do affect the lives of individuals. The following table 1 provides an illustration of such issues:

MODELS OF HEALTH AND MEDICALIZATION

According to the definition of health provided by the World Health Organization, "a state of complete, physical, mental and social well-being." Thus, every aspect of life collectively contributes to the health of the man. As per this definition, medicine provides such a domain that does not only ensure healthy but also good lives by providing a tool for the human race to gain happiness. Here, Daniel Callahan has pointed out this aspect and stated that: linking health and basic well-being as positive ideals, has given birth to multiple evils. Among these issues, the tendency to define social problems have been lost, from war to street crimes, the lines have been blurred between the responsibility and 'health problems', professions of medical personals to political elite orders; the failure to gain social well-being is cited as "sickness" which withhold te human freedom and is subjected for medical treatment. In the middle of the 20th century, rising dissatisfaction with biomedicine was observed which offered a health model. The pre-existing health disorders made it less possible to focus on the attainment of a given health model. Scientists viewed human bodies in a mechanistic way and tried to justify every problem with the help of medical technologies [5,6]. The health definition and it is model presented by the World Health Organization has obvious problems which incorporate the entire existence of human beings. However, none of the health models presented by sociology or philosophy in history are entirely free from errors and practical issues, nor do they offer safety against over-medicalization. Among these models, a few are; the total absence of diseases, basic state of health, health an indicator of harmony, homeostasis; health providing a free will to pursue one's own goals and duties; and at the end health taken as objective or subjective matter. When it comes to factors to be blamed that lead to over-medicalization, then there are a few biomedical models in this niche that played a negative role, like overriding norms and values strongly linked with health, over classification of

Table 1: Own elaboration: Medicalization assessment.

	Over-medicalization Health Impacts	Medicalization within Boundaries- Opportunities
Health Impacts	Undesirable side effects, poisoning, undue results due to over prescription, iatrogenic disease, multiple other health risks.	Use of medicine as a tool of evidence for treating mental health disorders at psychiatric hospitals. Fighting against taboos like an exorcism.
Economic Impacts	The burden on public and private expenditure by treatment of iatrogenic diseases and consequences of medical errors.	Betterment in individual's economic state due to on-time right identification of disease. Thus, granting insurance coverage, entitlement to take a sick leave and compensation for medicines.
Psychological Impacts	Stigmatization of certain behavior. Restriction of individual's freedom, poor behavior management due to sickness, and force adjustment of one's own needs with the desired medical requirements e.g pharmacological adjustment in females with low sexual desires.	Explanatory power that de-taboo the concept of various diseases: patients learn the causes of multiple diseases and observe conditions of other patients as well.
Social Impacts	Social, political, and interpersonal background plays a significant role in defining reactions originating therefrom like tackling the victim's masochistic personality the reason behind domestic violence.	Public awareness campaigns, recognition of medical grounds for certain diseases and particular behaviors. Leading towards treatment rather than punishing the patients, e.g. restricted criminal liability of mentally distorted individuals.

disorders–ICD-10 [7], self-observing practices like blood pressure monitoring, pulse, sugar level and burned calories, use of mobile applications and technical devices, use of Western medicine with a thought that they are the way to harmony, and over-medicalization to improve body functioning or achieving their goal [8]. On the one hand, health models are criticized for being the reason behind the objectivity of medical practices and neutrality, on the other hand, criticism is concerned with the marketing of artificially created health disorders and their cures just for the purpose of gaining more and more economic perks.

Over-medicalization: A practical approach

Medicine is a social application that is used for curing certain health disorders. However, setting certain limits on its implications is not as easy as it seems to be. Therefore, to evaluate its limits, it is quite advantageous to develop contrasting and comparative frameworks of study. In many regions of the world, medical therapy is often given a religious status similar to a priest when crimes were seen as a result of illness, not sin [9]. Moreover, death was also cited as a medical condition back then for which medicine was overly used. Therefore, to tackle such situations and medicalize a problem, it is imperative to first provide a proper explanation to that issue along with a solution. For example, treatment of a depression patient must not be done through medications like anti-depressants, who is in this situation due to an alcoholic partner, but first, the situation must be treated and opportunities must be provided to survive in that tense environment. The cause of the health issue here is not of molecular nature, rather it is due to external, interpersonal, and objective factors [4]. According to parents, the solution lies at eradicating the root cause by addressing the relationship with the alcoholic partner not the patient of depression. Nonetheless, parents did not show any concerns about medicalizing the alcoholic partner. This isn't owing to the nature of alcoholism which depicts that it is not a social problem or a medical problem, but due to the reason that there are simple steps and various therapeutic forms available to easily combat this issue. Pharmaceutical drugs have proved to be a great help in adjusting the metabolism of alcoholic individuals to help them overcome this addiction, and no more promising alternative

has been found so far. Here, to overcome the concern of over-medicalization, there is a dire need to shift the focus from a question like; "What is a disorder/ disease?" and "How it can be defined?" to questions like "What concerns as a social practice, should a medicine address?" and "How should certain medicine criteria can be specified?". Following questions have been designed to facilitate the differentiation between medicalization and over-medicalization. Here, X is a certain phenomenon that can be a behavior, condition of body or a sensation, and whenever X is treated as certain medical problem the given below questions should be addressed:

✓ Is X rightly observed and recognized as a medical problem? Is this problem likely to aggravate the existing physical and mental discomfort, pain, illness, or even death?

✓ Is the problem of X not a result of the social or physical environment which is being exaggerated and converted up with a medical profile? Is the recognition of X not based on social norms abiding by the definition of normality by questioning the diversity of individuals? If it is finalized that the suffering or state of the individual's body is correctly identified, e.g. illness that can cause death due to medical reasons and not owing to exaggeration of social expectations. Then in order to treat the issue medically, the following question can be asked:

✓ Will medicine provide the fine solution for understanding the issue, its causes, and the treatment? At which stage like mental, social, molecular, or other, the main issues to X appeared? Are there any replaceable solutions, non-medical and better ones, present for understanding and curing X?

✓ Is the medicalization of X the only best solution available?

✓ Will medicalization do less harm than any non-medical solution available out there?

DISCUSSION

Let's analyze the four questions mentioned above. None of these questions as self-evident and free from problems. In the first question, there are unlimited factors discussed that cause mental and physical suffering. The pragmatic approach used in this paper is not to address all

Table 2: Use of above-mentioned questions with guiding examples.

Medicalized X	Question no.			
	1	2	3	4
Myocardial infarction	√	√	√	√
Cancer	√	√	√	√
Poliomyelitis	√	√	√	√
Schizophrenia	√	-	?	√
Alcoholism	√	-	-	√
Anorexia	√	-	-	√
Male-pattern hair loss (MPHL)	√	-	√	-
Prolonged grief disorder (PGD)	√	-	-	-
Asymmetric labia as an indication for labiaplasty	?	-	-	-
Mild attention deficit hyperactivity disorder (ADHD)	?	-	-	-
Mild restless legs syndrome (RLS)	?	-	-	-
Hypoactive sexual desire disorder (HSDD)	?	-	-	-
Homosexuality	-	-	-	-

the factors available, but only those who were already treated with medical tools and explained in medical terms (Table 2).

In the table given above, some disorders are given. Out of these, some required immediate medical attention, which if not provided can cause death and some do not need any medicalization. However, besides these issues, there are some other life-threatening issues as well like car accidents, wars, poverty, and pollution which do not fall under the medicalization category as they are not seen as medical conditions, thus they are not included in (Table 2). However, the categories on basis of which X is medicalized are numerous and they keep on growing. Some tools have been randomly devised to aid an individual in the category of medicalization. One of them includes the World Health Organization's idea of 'disability weight'. It is used to review the disease and develop a comparative chart of disability-adjusted life year (DALY) and disease's global burden. One DALY is equivalent to one whole year lost without healthy life, and the disease burden can be defined as the comparative evaluation of the gap between an ideal health situation free from illnesses where people normally grow old and then die, and the present health status. The sum of the years of life lost (YLL) is the calculation for DALYs, which is owing to premature sudden death, and YLD is the years lost due to disability due to diseases or injury, as per the definitions of WHO, WTO, and WIPO [10]. The WHO and other health organizations do provide statistical data to calculate YLD and YLL, however, there are certain limitations to those statistical provisions. This is why it is imperative to focus more on scientific results

about X's condition while answering the 1st question. Moreover, personal experiences and subjective elaborations of individuals suffering and experiencing conditions of X must also be considered before finalizing the state either as medicalized or non-medicalized.

CONCLUSION

It is clear that the above mentioned four questions are not obvious to provide adequate answers in all the situations, however, there is no doubt that medicalization of certain health issues gives birth to more severe issues as a comparison to some which actually need medical attention. The four guiding questions received more question marks and negative responses which means more objection was found on considering the situation a medical problem. Furthermore, in the cases, the negative risks increase due to overdiagnosis, false prescriptions, negative long-lasting side effects of drugs, iatrogenic diseases, the excessive burden on economic status, stigmatization, restrictions, and inadequate solution finding a response. The purpose of this study, however, is not to completely ban the use of medicines or prohibit medical treatment. The main aim here is to highlight the adverse impacts of over-medicalization, to distinguish the boundary line, and to focus more on eradicating the root cause of disease development, rather than treating the disease. As prevention is always better than cure.

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